



STATE OF HAWAII
DEPARTMENT OF HEALTH
ADULT MENTAL HEALTH DIVISION
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

December 13, 2004

Dear Applicant:

RE: ADDENDUM 1 TO RFP HTH 420-1

The following changes have been made to RFP HTH 420-1:

1. Section 2. has been changed as follows:

- a. The first and second paragraphs in Section 2. II. A. 11. d. on pages 2-9 and 2-10 have been deleted and replaced with the following paragraphs.

As part of education conducted by the DIVISION, consumers shall be notified that they are to provide the applicant, through their case manager, with any information affecting their status. The case manager and/or consumers should report changes to their case manager and/or provider. The provider should complete the DIVISION UM Admission/Discharge/Update form and send it to UM. The DIVISION shall describe the information that is to be provided and explain the procedures to be followed through the DIVISION staff and in its printed material. The applicant shall also explain the information and the procedures to be followed by the consumers during the orientation process.

It is expected that not all consumers will remember to or be able to provide information on changes to their status. Therefore, it is important for the applicant to obtain and forward such information to the DIVISION on a timely basis and inform the consumer of his/her responsibility to report changes to their case manager.

- b. The following paragraph has been added to Section 2. II. A.

12. The applicant shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable Hawaii Administrative Rules.

Residential programs, in accordance with Hawaii Administrative Rules, Title 11, Chapter 98, Special Treatment Facility, must have a Special Treatment Facility license prior to accepting DIVISION consumers into the facility and the license must be current throughout the contract period. Residential programs shall also abide by applicable administrative rules governing accreditation of substance abuse programs.

- c. Section 2. III. B. 2. a. on page 2-28 has been deleted and replaced with the following:
 - a. Services shall be authorized by the DIVISION's utilization management process, either by prior authorization or registration, and in accordance with the DIVISION's processes as outlined in current DIVISION policies and procedures and directives from the DIVISION Chief. It is the responsibility of each program to understand and follow these policies, procedures, and directives in order that reimbursement can be approved by the DIVISION. Authorization of services is not a guarantee of payment.
- d. Section 2. III. B. 3. e. 3) on page 2-31 has been changed to read as follows:
 - 3) Senior personnel changes, including professional staff/consultants, within thirty (30) calendar days of change.

- 2. Section 4 has been changed as follows:

The second paragraph in Section 4. III. B. 3. a. on page 4-6 has been changed to read as follows:

Evaluation criteria will include the following:

- 3. Section 5 Attachments has been changed as follows:

Attachment A, Competitive POS Application Checklist is replaced with the attached Checklist.

- 4. Attachment Regarding Training/Certification Process

A written response to questions presented at the October 18, 2004 orientation meeting for the RFP and subsequently received written questions was sent on November 19, 2004 to

applicants who had requested copies of the RFP HTH 420-1. An attachment describing the DIVISION'S training and certification process for Peer Specialists was inadvertently omitted from the written response. That document is attached to this Addendum.

Thank you for your attention to these changes.

Sincerely,

THOMAS W. HESTER, M.D.
Chief, Adult Mental Health Division

Attachments

Proposal Application Checklist

Applicant:

RFP No.: HTH 420-1

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP	X	
Debarment & Suspension		Section 5, RFP	X	
Drug Free Workplace		Section 5, RFP	X	
Lobbying		Section 5, RFP	X	
Program Fraud Civil Remedies Act		Section 5, RFP	X	
Environmental Tobacco Smoke		Section 5, RFP	X	
Program Specific Requirements:				

Authorized Signature

Date

Training/Certification Process

- * Training packets are distributed to interested applicants
- * Applicants must fill out an application and pre-test forms
- * Pre-test is composed of questions to determine applicants knowledge of the Certified Peer Specialists program
- * Applications and pre-test are reviewed prior to contacting all applicants
- * Applicants are determined according to their application, pre-test and over the phone conversation
- * Once the process is complete, then applicants are scheduled to attend the training or if slots are not available at the time, then their names are placed on a waiting list for the next training
- * Applicants attend a vigorous two-week training to understand the needs/benefits of peer specialists within the working mental health field
- * Once training has completed, then applicants are scheduled for written and oral examination to determine their certification
- * The written test consists of fill in the blank, multiple choice, short answer and true and false
- * The oral test consists of questions asked by 3 different trainers
- * The written test is done as a classroom setting, while the oral test is done individually
- * The results are given to applicants within days of their test
- * If an applicant has a PASS on the examination, then they are notified by phone and a graduation certification is sent in the mail within weeks
- * If an applicant has a NO PASS on the examination, then they are notified by phone along with further follow up to refresher or tutoring classes
- * With a PASS, applicants then network with the AMHD Peer Specialist Coordinator regarding individual plans, support, assistance and continuing education courses